THE MEDICAL FORTNIGHTLY

Vol. XXX ST. LOUIS, OCTOBER 10, 1906. No. 7

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CLINICAL LECTURE.

INTERNAL AND EXTERNAL URETHROTOMY COMBINED.*

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THIS combination is suited to some cases of stricture where an instrument can be passed into the bladder.

In 1885† I described an operation under this title for various purposes connected with the bladder and urethra. At this time I was unaware that Dr. Annandale, of Edinburgh, had anticipated me, and thus I omitted to acknowledge my obligations to him for his important communication. Though applicable to strictures not amenable to dilatation or to internal urethrotomy alone, where a guide can be passed into the bladder, the combination of internal with external urethrotomy is specially adapted to strictures complicated with acute extravasation of urine.

The reasons for this are as follows:

1. The perineal section that immediately follows the internal incision is made on a large grooved staff instead of a small one. This renders the operation easier and further guarantees its completeness.

2. It enables the surgeon to divide what remains of any stricture tissue that the internal urethrotomy has not included.

3. Repair is effected by the introduction within the obstructed portion of the canal of new tissue which shows no tendency to contract. In this respect resembling the healing by granulation and cicatrization which usually follows lithotomy and other well drained wounds of this part.

4. It deals radically with the stricture, invariably a serious one, and provides a direct escape of urine which otherwise is liable to be diverted by the irregular channels and sinuses that the first rush of extravasation has made under the pressure of the muscles concerned in the act of a very forcible attempt at micturition.

During the earlier portion of my professional life as surgeon to two general hospitals in Liverpool, I had ample facilities for seeing cases of this kind. Many of these patients were landed from ships not having doctors. Not infrequently the penis, scrotum and adjacent parts were mortifying from the effects of confined and ammoniacal urine.

The cases were treated as a rule by incisions into the swollen perineum, scrotum and neighboring tissues, but the mortality was considerable and much in excess of what it should be.

I examined after death many of these persons to ascertain how far the perineal and other incisons which had been made where urine was extravasated, had been sufficient in providing drainage.

In a number of instances it was found that the central perineal incision in the direction where the leakage from the urethra first occurred often failed to provide incontinent drainage, and that extravasation into the surrounding tissues continued to go up to death.

These examinations also showed how circuitous the sinuses connected with the surrounding incisions as drains for urine often were, and their liability to become blocked by sloughs and pus.

In the next place the stricture, invariably an old one, was often found unrelieved, and as much an obstacle to the natural flow of urine along the urethra as before the extravasation had occurred.

*This is No. 3 of a series of lectures on this subject, delivered at the London Post-Graduate College. No. 1, on The Urethrotomies, appeared in the issue of September 10. No 2, on Internal and External Urethrotomies, appeared in the issue of September 25.

†British Medical Journal. It occurs to me that a somewhat similar operation had been performed by Dr. R. A. Kinlock of Charleston, S. C.

Lastly, there was the sodden condition of the scrotum and surrounding parts arising from continued soakage with putrid urine and resembling in this respect a distended sponge.

From these observations it appeared that in an operation undertaken for the relief of extravasation of urine, the following objects should be definitely aimed at.

1. The removal of the stricture by its free division to commence with.

2. The provision of ample and incontinent drainage by means of a suitable drainage tube at the point in the urethra where the extravasation has occurred.

3. The making of suitable incisions where extravasated urine has reached, such as the scrotum and abdominal parietes, and in addition the adoption of means for freeing the tissues at once of the urine they contain.

This as a rule is inefficiently done by means of the unaided gravity which incisions alone permit of. The enormously swollen and often tense scrotum and other parts should, after being incised, be squeezed or manipulated by the surgeon on the same plan as a wet sponge is deprived of its contents. In this simple, but often neglected way, the loss of much tissue by sloughing and suppuration may be prevented.

Exception has been taken to the combined operation, on the ground that it entails opening the deep urethra, and that a urinary fistula in this position may be the result.

There is no risk of this if the opening is made in the right direction that is to say, immediately in front of the prostate in the horizontal or membranous portion of the urethra as the patient lies recumbent. Here it is impossible to prevent the wound healing unless a drain tube is retained. On the other hand, if the incision is made entirely in the vertical portion of the canal it is the reverse and healing may be indefinitely postponed.

This deduction admits of easy proof, for assuming the opening to be in the median line of the perineum, though in the vertical portion of the urethra where the stricture may be situated, all that is necessary to secure its healing is with a probe-knife to extend the incision in downward direction, so as to throw the lower angle of the wound into the horizontal portion or membranous urethra. Since making this observation, I have never hesitated opening the urethra when I thought it necessary either for the treatment of a stricture or the obliteration of a fistula.

In making incisions to relieve extrava sa tion, care should be taken to place them, if possible, where either in the course of healing or in the scar that follows, no subsequent trouble is likely to be caused. I have seen patients suffering from painful sexual inabilities by reason of adhesions between the dorsum of the penis and the suprapubic region following openings in these positions. Similarily incisions along the sides of the penis are sometimes followed by contraction of the scars tending to distort the form of the erect organ.

I will briefly state the method of preceding with the combined operation in the case of a middle-aged man suffering from stricture, complicated with perineal abscess and acute extravasation of urine, the latter involving the perineum, scrotum and abdominal parietes.

The patient being anesthetized and the parts involved being shaved, and as far as possible antiseptically prepared, an attempt should be made to pass the filiform guide of the urethrotome and perform an internal urethrotomy on the lines previously described.

Difficulty will seldom be found in doing this, even with the scrotum enormously swollen, as the extravasation seems to take off the extreme degree of tension at or about the point of stricture. The swelling may, however, first be removed, if difficulty is experienced at this stage, by freeing the scrotum by an incision on either side of the raphè and squeezing out the urine with the hands. In this way it may be reduced in size in a few minutes.

The internal urethrotomy being completed, a full sized median grooved staff is then passed into the bladder and the patient is placed in the lithotomy position.

Then the next stage of the proceeding is also carried out, as already described in the section relating to external urethrotomy, and an ample drainage tube is placed in the bladder. The whole proceeding need not occupy more than a few minutes.

The tube being secured in situ and tested with a syringe and some boracic lotion as to the efficiency and continuity of the bladder drainage, all that remains is to give vent to urine that may be extravasated in adjacent parts, as indicated by signs of inflammation or urinous emphysema, care being taken at the same time to squeeze and wash out any putrid urine or matter that may be in evidence.

The routine adoption of the practice here described greatly reduced the mortality, and cases of stricture and extravasation of urine were rarely lost except for reasons due to delay in taking action.

In cases where the stricture proves on careful trial impassable to instruments of all kinds, the surgeon will treat them on the lines previously considered in connection with uncomplicated obstructions, vent at the same

time being given to urine, wherever it appears to be extravasated. The after-treatment of these cases consists in scrupulous attention to cleanliness and urine drainage, as the leading principles.

TALKS TO RECENT GRADUATES.

A. L. BENEDICT, M. D.

BUFFALO.

THE HOSPITAL.

It may seem inopportune to publish this article at a time comparatively far from the usual commencement season, but so many physicians enter upon hospital services or post-graduate courses, or take well earned vacations immediately after commencement, that there is scarcely a time of year when there is not a large number of young men entering upon their life-work in medicine.

For our present topic, we consider this time as particularly opportune. Those graduates who needed no argument as to the desirability of a hospital service, and who had the opportunity, are already thus engaged. Our words are addressed rather to those who, in the spring, failed to realize the advantage of hospital work or who felt that they could not afford to spend the time or who, for one reason or another, lacked the opportunity.

Along in the early fall there are usually vacancies in hospitals either occurring in regular sequence or from the dropping out of those on the eligible list. Those of you who felt that a hospital service was an unnecessary waste of time and effort have, by this time, learned how sadly lacking you are in just the simple, practical experience which such a service affords, or, if not, you are too collosally ignorant ever to learn the best lesson of medical experience, namely, a humble recognition of human limitations.

Those of you who were deterred from applying for hospital service by financial considerations have, by this time, had a chance to earn a little money in one of various outside employments, or you have seen how little is the reward of medical practice and how much better it is to set aside immediate aspirations for wealth, and to prepare for a more painstaking and less mercenary career. Generally speaking, you will never see more patients nor have better meals and a better appointed office and laboratory or operating-room, than you will enjoy in most well equipped hospitals.

Those of you who simply lacked the opportunity for a hospital service, may be able to find an opening by correspondence and personal investigation. Do not despise a small town nor a small hospital. Barring rare cases, a service of ten patients will give you almost as much self-confidence and practical familiarity with disease, as one of a hundred. If you cannot get into even a small hospital, try for the privilege of substitute work for some interne, or for the privilege of visiting the wards with the attending physician, or for assisting some physician with a fairly large practice or for helping in a dispensary.

It is frequently and often quite openly charged that hospital appointments go by favor. This is legitimate enough if the hospital is a strictly private institution. If it is in any sense public, especially in the sense of being supported by public charity or of being part of the equipment of a medical school, favoritism in the selection of internes is graft. If appointments are made on examination, the method of choice is fair, although this method often fails to secure the best staff, and though, in general, it excludes those most in need of hospital experience. If an examination is held and then personal influence has a determining voice in the selection, the board responsible for such a disgraceful state of affairs ought to receive the same treatment as public opinion now demands for political tricksters who set aside civil service lists and give official plums to favorites.

It is scarcely necessary to admit that there are exceptions to all rules. Some medical schools now practically include an interneship in the regular course. Some graduates have the opportunity to enter the guidance of a father, uncle or friend and, while no such experience can quite duplicate the educational value of a hospital service, it may represent a practical equipment, and no man has a year of active life to spend in preparation that is not a necessity.

We need not urge upon the young interne the need of such ordinary virtues as industry, integrity and self-respect. There are two thoughts that we would suggest: One is to avoid the megacephalia which attacks so many internes. Your position is one of dignity, responsibility and honor but, at the same time, you are officially the inferior of others, and your office is held by thousands of other young men of no tremendous intellectual prominence. It will be, in no sense, a loss of rank when you step out of the hospital and engage in private practice and, in spite of a full realization of the dignity of our profession, we cannot afford the effort of constantly carrying this realization with us.

The second thought is that the personnel of a hospital is a social as well as a medical clinic for your instruction. Try to learn why you like one member of the visiting staff and detest another, why one has the esteem of his fellows while another gets his success in the face of hostility and lack of respect, what one man does with drugs, foods and instruments to win confidence, and what another does with the same armamentarium to get the reputation of a putterer and a man who travels on his shape.

Perhaps for the first time in your life, you will have to combine social and business or professional relations with women. Again, if you have finished your medical course at a comparatively early age, you may be somewhat puzzled at having to read just your relations to the world at large so as to include all ages above that of maturity on a level. That is to say, you will find men and women who, five years earlier would have treated you as a child, and whom you would have treated with the heartless aristocratic intolerance of youth, now expecting you to have as much knowledge of the world as themselves, to meet them on the same plane of maturity, and yet to recognize the faint shades of respect for age and position that society still demands.

Both medically and socially, you must learn not to generalize, but to rate each case and each person at the proper value. You will find some very vulgar and dangerous women in the private rooms and some very sweet and refined unfortunates in the wards. In a sense you must treat all alike: in another sense, you must learn to yield to true gentility, in man or woman, that suggestion of deference which is its due and you must, equally, learn to draw that line of reserve about yourself which the under world dares not pass and which is still so faint as not to be a barrier which they can resent.

In the nurses, you will find startling differences of social and intellectal standing. Avoid either extreme of regarding them with a sentimental way as angels, with a halo materialized into a gauze cap, or as menials. Unfortunately, all nurses are not alike, from any standpoint, yet, in theory at least, you must treat them as intelligent gentlewomen studying for a profession which is necessarily subordinate to our own, and usually with the object of earning a living, and yet, a profession of dignity and practical value. Officially, you should treat them as you would like to have the visiting staff treat you, remembering that a nurse who will submit to more than temporary indignities is not of the class of women competent to assume the grave responsibilities of her profession. The relations between medical and nursing staffs should be friendly and yet, it is obviously impossible to maintain the discipline of a hospital of any considerable size if this friendly relation degenerates into even ordinary familiarity.

If the propensity for tale-bearing, making mischief for others and whining about your own troubles has not been licked out of you at some of the schools that you have attended, try to get rid of it under the ample opportunities that your hospital life will afford for resisting temptations of this kind. Don't excuse your own sins by the numerous examples that you can cite from among your acquaintances, and don't expect a woman to understand by honor just what a man does.

In short, as you gain practical medical experience in a hospital, try to learn the lesson of living with other persons of the most varied types. How to do this you will have to work out for yourself, but a simple rule is to be square and yet not to push the corners of your squareness into others.

India's Death-Rate From Wild Beasts.—Statistics published in India show that in 1904 there were killed in that country by snakes and wild beasts 24,034 persons—21,880 by snake bites, 79 by tigers, 399 by leopards, and the rest by other animals. The number of cattle killed was 98,582. The other side of the account shows that 65,146 snakes and 16,121 wild animals were killed, for which rewards of £7,313 were paid.

Tuberculosis in St. Louis.— Statistics have been compiled by the clerk of the St. Louis board of health, showing the number of cases of tuberculosis and the deaths from that disease in each of the seven sanitary districts. The third district, located east of Jefferson Avenue and between Franklin and Chouteau avenues, shows a greater aggregation of cases and deaths than any other district. In the first district, with a population of 77,075, there were 243 cases and 182 deaths; in the second, with a population of 98,336, there were 249 cases and 178 deaths; in the third, with a population of 68,159, there were 267 cases and 190 deaths; in the fourth, with a population of 119,056, there were 246 cases and 183 deaths; in the fifth, with a population of 77,522, there were 192 cases and 130 deaths; in the sixth, with a population of 130,975, there were 271 cases and 187 deaths, and in the seventh, with a population of 123,895, there were 260 cases and 162 deaths.

SELECTED ARTICLE

THE IDEAL ATTITUDE OF THE PHYSICIAN TOWARD ALCOHOL, AS A MEDICINE, A FOOD AND AS A BEVERAGE.*

WM. EBERLE SHAW, M. D.

CINCINNATI.

There was read before this society, at its meeting September 4, 1899, a paper on "Alcohol and Alcoholism," by a very learned and honored member, which began with this sentence: "For several years of late certain members of the medical profession have earnestly, if not clamorously, agitated the subject of alcohol and alcoholism, making assertions and promulgating ideas that should not go unchallenged as being either accurate or wise." The writer speaks of these "would be reformers of medical practice and practitioners" and their claims, and adds: "Considered in the light of facts and of reason and common sense, I regard this movement as one of those sincere exaggerations of superficially apparent truth, characteristic of fanaticism, that is equivalent to falsehood."

The paper contains a severe arraignment of thousands of brave, true and well-developed specimens of manhood who choose to deny themselves the sensual pleasures of wine, when he says that "a banquet without wine is practically intolerable to other than abnormally or eccentrically developed men out of harmony with their environments." Speaking of alcohol as a medicine, the doctor said: "Other physicians of equal reputation profess and do treat the same variety of diseases successfully without alcohol, but this should not discredit its reputation and usefulness as a medicine."

Dr. T. J. Hillis read a paper before the New York State Medical Society, October 24, 1899, in which occurs this remarkable encomium to whisky: "It may here be stated, without the likelihood of contradiction, that if whisky was properly ripened, or aged, before being exposed for sale by distilleries and saloons, two-thirds of the crime and three-fourths of the insanity charged to the account of alcohol would disappear from the indictment, so bulky and so terrible, that stands against it on the statute books of society. It is the quality of the alcoholic product, and not the quantity, that must be taken into consideration."(?)

I was recently called to see a man, fifty years old, who was sick with pneumonia for three days. I was called because the physician who had been treating him could not be found, and had not seen him for twenty-six hours. The sick man was with difficulty aroused from a stupor, which seemed partially, at least, alcoholic. The patient was not a drinker; he was taking no medicine except whisky, which the doctor had ordered to be given in large quantities, "as much as they could get into him." The man died twelve hours afterwards. I am much inclined to think the whisky hastened his death. (The patient was not near a crisis). I was credibly informed a few days afterward that the physician who had preceded me was in one of our hospitals, suffering with acute alcoholism.

I had under observation for eighteen months a refined, devoted wife and mother, a grandmother, who had been the innocent sufferer for the sins of her husband from many of the symptoms of that hydra-headed punisher of violators of the seventh commandment. The husband has always been considered a very moral and upright man, as well as a devoted husband For many years he has been a moderate user of alcoholics. He told me before this calamity befell him that "he always knew when to stop;" in fact, he possessed all the virtues which so many moderate drinkers arrogate to themselves. "He could drink or he could let it alone." This man, in his perfectly sober moments, I believe, would sooner have lost his right arm than to have violated his sacred martial vows. One evening he did what so many moderate drinkers do, "got out with the boys," and without being what any of them considered intoxicated, drank enough to lose his good judgment and discretion and finer sense of right. With these faculties gone—and they are the first to be affected—a man is a rudderless ship. This man on that evening drifted from his moral moorings and not only wrecked his peace of mind for all time, but most seriously damaged his own health, as well as that of his innocent, trusting wife, whom he had most solemnly promised to love and cherish.

So long as such favorable opinions of alcoholics are presented for the consideration of medical societies, so long as instances of bestiality occur among medical men, degrading the profession and destroying the holiest things of the family and of the home, so long will there be some of the so-called "would-be reformers of medical practice and practitioners" in evidence to call a halt to the pernicious ideas that alcohol is either a harmless universal panacea or an advisable food or beverage.

The physician who uses narcotic drugs with a careless hand, regardless of the possible contraction of the drug habit by his patient, is a dangerous man to be loose in any com-

* Abstract of a paper read befor the Academy of Medicine of Cincinnati.

munity, and he ought to be muzzled, for he is more to be feared than a rabid dog.

Who are those medical gentlemen who are so shocked by a discussion of this subject, which reaches over into the ethical field? You will invariably find them to be habitual users of acloholic beverages, many of whom honestly believe that it is nobody's business what they eat or drink so long as they show no unmistakable signs of intoxication, which latter statement may contain a great deal of truth, for, understand me, I am an abstainer of my own free will, and not by compulsion.

The time was when I myself deemed opposition to a very liberal use of alcohol in medicine as the "frantic efforts of well-meaning but illy-informed enthusiastic reformers," as the learned friend puts it. At that time I was practically ignorant, as I believe thousands of the profession are today, of what Richardson, in Enlgand, and N. S. Davis, Reuben Mussey and so many other pioneers in this field has done in the study of this question, and in the advocacy of total abstinence as a salutary measure in the profession.

Disgusted with the abuses of the drink habit in the neighborhood where I live, the conviction was driven upon me that I could not longer indorse the habit, be it ever so temperately, by being myself a consumer, especially when I occupied a position toward the community as a conservator of the health of the people.

Notwithstanding the fact that I, at that time, recognized and occasionally enjoyed its use as a delightful luxury, I plainly saw that it was so dangerous to so many that it was my bounded duty to willingly forego any selfish pleasure that I might have in its use, that my influence upon the young men around me would be to lead them away from an indulgence that would certainly very seriously damage many and utterly destroy some of them.

I recognized the wisdom of that part of the Hippocratic oath, viz., "I will follow the system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, abstaining from whatever is deleterious or mischievous."

It will be a great satisfaction to every man if, at the end, he can say he never put a young man on the wrong path. I felt that in advocating and practicing total abstinence I could make no mistake, for I would be occupying the ideal attitude of a medical or any other man to this question.

I am the father of two boys and surrounded and watched by many other boys, and this position forced itself upon me; there was no escape without seriously offending the best part of myself. Woe to the man who persistently offends his conscience; he is most irretrievably damaged in the finest mechanism of his being! I wish to insist that I am defining my own individual convictions and position on this question, and no other man's, and I wish to do it without exciting a single suspicion of cant or hypocrisy.

Every individual must reach his own final convictions of right and duty before the bar of his own conscience; if your ultimate conclusions on this or any other subject should radically differ from mine, it would certainly be exceedingly unbecoming in me or any one possessing the true instincts of a gentleman to refuse fellowship or good will on account of differing opinions. It is my duty as a member of society to defend my honest convictions and convince, if possible, that I am right, but it is despicable in me to hate my neighbor because his opinions differ from mine.

I realize how very difficult it is to define an ideal position in ethics without making use of expressions that leave the flavor of phariseeism, and I shall constantly bear it in mind during this discussion.

I believe that total abstinence from anything for conscience sake is a virtue, but true nobility of character is so very composite in its nature, and depends so largely for its development upon strong, positive inspirations, that negative denials are minor traits in comparison. A man might possess all the negative points of an ideal character and still be as a pigmy in the presence of a noble-hearted, positive, large-souled drunkard even. I want to be liberal-minded and at the same time exercise that highest type of charity, tolerance for the opinions of those who differ from me, but at the same time I do not want to forget that warning given by the greatest ethical writer of any age: "Take heed lest by any means this liberty of yours become a stumbling-block to them that are weak." You may class me as a radical on this question, but please do not use that vituperant epithet, fanatic, for you well know my position is impregnable.

There are hundreds of young men in this city—and they are found in every community—who have within them elements of success that would make them useful citizens had they sufficient force of character to resist the invitations, so numerous on every hand to take a social drink, especially difficult when proffered by those whom they honor, respect or love.

I feel very thankful for the influences that made me a total abstainer, for the blood of these men who go down by alcohol is not on my hands, and besides, I have the satisfac-

tion of feeling that I have helped many young men to their frail bark away from the apparently innocent outer circling waves of this maelstrom whose vortex has engulfed so many noble souls.

There is not a gentleman on the floor of this Academy who uses alcoholics but would willingly—yes, gladly—abstain on any occasion if he could know that that particular indulgence would be the causative factor in the ruin of his own or my son. Gentlemen, the only absolute safety, especially for us, who are looked upon as the guardians of the health of the community, is total abstinence.

The "Autocrat of the Breakfast Table" said: "The way to argue down a vice is not to tell lies about it, to say it has no attractions when everybody knows that it has, but rather to let it make out its own case, as it certainly will in the moment of temptation, and then meet it with the weapons furnished by the Divine Armory."

In taking this position of total abstinence, as a physician I fully realize what I lose in the boon, good cheer, social ease and fellowship among gentlemen, that comes from a moderate indulgence in alcoholics. There is certainly nothing which adds so much to the completion of the joys of a social hour as a moderate indulgence in the "cup that cheers." It blots out for the time differences, diffidences, jealousies; makes us forget our troubles, places us on an equality, in fact makes us what we naturally should be—boon companions, full of good fellowship. Could I be persuaded that no harm would come to me or my family or my neighbor through my indulgence, I most assuredly would be a moderate drinker.

The doctor also emphasizes the common observation that "the strongest, most intelligent, initiative, pushing, progressive, successful peoples on earth were the most liberal users of alcohol." I do not accuse the doctor of intentionally using this statement in a sophistical manner, but he certainly would not think of even intimating to this audience that an individual's intelligence, energy, courage, comfort or success in life depended upon the amount of alcohol he consumed. As David Harum would say, "It was purty good jury truth but not gospel truth." The truth back of this statement is that the very fact of a nation's possessing these good qualities necessitates a very great wear and tear upon the energies of the people who are doing the work, many of whom, instead of paying heed to the physiological warning of tire and exhaustion, and recuperating their wasted energies by rest, sleep and wholesome food and drink, under a faulty education in regard to alcohol, weight down their safety-valves, as it were, by the anesthetic power of the drug, the danger of which every intelligent physician constantly recognizes. The result will oftentimes be not less disastrous than if the engineer should weight his safety-valve far beyond the point of danger, and then increase his fires under the boilers by using alcohol as a source of energy. Should he be so fortunate as to escape an explosion, he should have his license revoked as an incompetent and unsafe workman.

We often hear it proclaimed that the brightest minds are found in habitual users of alcohol, as though its use were evidences of intellectual capacity. It cannot be denied that many men of high intelligence use them, and that many such use them intemperately, but I think if any observer of even ordinary intelligence and perception will fix his gaze just for a moment upon the whole class of drinkers, instead of on the occasional brilliant one, he would not have the temerity to again refer to the habit as particularly characteristic of a high order of intelligence. One of the best known editors in this country says that he selected twenty-four of the most eminent men in the world and found upon investigation that twenty were total abstainers and the other four moderate users.

When we assume the responsibilities of the medical profession we become peculiarly the servants of the public in a most sacred relationship. We enter the home under conditions which often exclude the nearest friends, and become the depositories of secrets known to no others. We are in the very holy of holies, at times, that try men's souls; when the beloved one is in the most terrific agonies known to humanity, when a new being is being ushered into a new existence, when life trembles in the balance, when the last goodbyes are said, and the very heart-strings are being torn asunder. We are peculiarly related to humanity at its crises, and it is right and proper that the community should demand a high standard in the character of the medical profession who occupy this intimate association.

Personal experience is so convincing that it is not easily overcome. "Seeing is believing." "Alas for the worth of human testimony," although not so old, is an expression which has been one of the obstacles that has interfered with the correct understanding of the true action of alcohol.

When a person has studied the effects of this drug upon his own person, has felt the warm glow starting from his throat and stomach, and felt it gradually extend all over his body to his finger tips and to the very roots of his hair, even the most accurate thermometric observation to the contrary will

often scarcely over-balance his fooled sensations, and convince him that no real increase in bodily temperature has taken place; if there were any increase at all, it was as the flash of gunpowder.

To this observer, "feeling is believing." Instead of a real increase in temperature, what has really taken place? Through its effects upon the vasomotor nerves, the superficial blood-vessels are being filled with the warm internal blood, transmitting a sense of warmth to the more delicate nerves of sensation, so abundantly distributed to the skin. This warm blood is being more rapidly cooled by a nearer proximity to the cooler surrounding atmosphere. In a cold atmosphere alcohol is a refrigerant, just in proportion as the air is colder than the body, explaining the common observation that most persons who have frozen to death have been under the influence of alcohol.

A friend who was with a surveying party on the Canadian Pacific Railway told me that the Manitoba Indians have a saying like this: "If a man drink no fire-water, he wakes up well; if he drink a little he wakes up ill; if he drinks much, he wakes up dead."

Brinton, in his lectures on medicine, gives an incident which is a good foundation for such a saying: "A party of engineers surveying in the Sierra Nevadas camped at a great height above the sea, where the air was very cold; some drank a little whisky and went to bed more comfortable, others drank a lot of whisky and went to bed very jolly. In the morning the men who had not drank got up in good condition; those who had drank a little felt miserable, and those who went to bed so jolly did not get up at all; they were frozen to death."

When the student of this subject "takes a drop to keep him warm" and feels the first transient movement of thought, he is perfectly unconscious, so far as his sensations are concerned, that his powers of judgment, discretion and nice discernment are being proportionately paralyzed by the oncoming force of the drug's anesthetic power, as Kraepelin has so surely demonstrated, viz., "Alcohol makes more words, less thought."

Helmholtz said that "in his own case, the smallest quantity of alcohol seemed to utterly dissipate brilliant or original thought." A renowned literary writer of England gave as his own experience that "if he took wine with his dinner, even in moderation, he found that during the evening he could write with remarkable ease and satisfaction at the time; next morning he found that what had been so very satisfactory the evening before would not at all satisfy the critical judgment of his unalcoholized brain."

This blunting of the intellectual processes is most beautifully shown by the experiments of Professor Kraepelin with even smaller quantities of alcohol than Professor Atwater used in his experiments (two and a half to three ounces). Kraepelin's experiments extended over a period of twenty-seven days, and mental capacity was tested by problems in addition and memorizing. The test was first made for a few days without alcohol, with a daily increase in efficiency; the alcohol as then given for a few days, the mental capacity remaining about the same, then greatly and rapidly decreased, the decrease being more noticeable in the power to memorize. Stopping the alcohol, there was immediate increase of efficiency, which continued for seven days, then the alcohol was begun again, and immediately there was a great lessening of mental capacity."

The investigator who has satisfied himself that alcoholics warm him when he is cold, make his ideas flow more easily when he is dull, is equally true that it strengthens him when he is weak. The "old brain fooler" does not miss a single fibre or function of the human body.

The experiments of Professors Chittenden and Mendel, at Yale University, have often been quoted to prove that alcohol increases gastric juice, which it undoubtedly did in their experiments, but their experiments were made on dogs which were killed after digestion had gone to a certain stage, the control taking no alcohol. The contents of the stomachs were then analyzed with the above results, but Professor Chittenden adds: "Notwithstanding the apparent increase in gastric juice under alcohol, it is of no value to digestion, for in nearly every instance the presence of alcohol in the stomach has retarded digestion just in proportion to the alcohol used." Dr. W. H. Riley, of Boulder, Colol rado, in a very exhaustive paper, "The Effect of Alcohol on the Function and Structure of the Stomach," says that "if the experiments at Yale had been performed on the same dog repeatedly, emptying the stomach without killing the dogs, the fallacy of the supposed increase of gastric juice would have been readily detected." In Professors Chittenden and Mendel's experiments the irritant effect of the alcohol caused a more complete discharge of the gastric juice already stored up in the gastric glands. Dr. Riley says that where he had so frequently taken pains to carefully analyze the stomach's contents or even very moderate drinkers, he almost invariably found the gastric secretions were very much lessened. He also found as Chittenden and Mendel had, that whether the experiments were made in the test-tube or in

the stomachs of men or dogs, "digestion was almost invariably retarded just in proportion to the alcohol used; in a few cases, where 1 per cent or less was used, digestion seemed to be increased, but in more, even then, retarded."

These observations are often met by the testimony of many patients who have taken alcoholics with very great relief of discomfort after eating, thus Paul's advice to Timothy has continued to be handed down, and there is no doubt that in many cases of painful digestion a great deal of temporary relief can be obtained from the anesthetic power of the drug, but these chronic dyspeptics, as a class, are the very people to whom it would be hazardous to administer alcoholics continuously.

I wish that every member of this Academy would read and carefully consider a lecture by that eminent neurologist, Mr. Victor Horsley, delivered at St. James Hall, London, last April. He discussed the effects of aclohol upon the brain by the small doses of the moderate drinker, and in conclusion Mr. Horsley said that, from a scientific standpoint, he believes that he statements which have been made that small doses of alcohol such as people take at their meals, have practically no deleterious effect cannot be maintained. "The cumulative evidence on the subject shows that if we are to follow the plain teachings of truth and common sense we must be total abstainers."

As to the use of alcohol in medicine, I have long felt that it has a very narrow field of usefulness, and that "therapeutics" would soon be immeasurably improved if we could erase from medical literature and from the medical mind every iota of our knowledge of alcohol, and begin anew our investigations in a purely scientific manner. If the cause of alcohol in medicine were compelled to stand upon its real intrinsic merits, uninfluenced by appetite, prejudice and preconceived opinions, by social and commercial pressure, it would soon take its deserved place among the rarely used drugs.

Many of the strong believers in alcohol as a medicine appear as under somewhat of a charm in their advocacy of their favorite remedy, and seem perfectly ignorant of the fact that there are many individuals with a congenital or acquired weakness to resist the drug habit power of this remedy. Our learned friend whom I quoted in the very beginning of this paper says: "I do not know of any disease condition amenable to medical treatment of any kind that may not be treated sucessfully without alcohol. This fact, however, would not prevent me from prescribing alcohol in any case that might, in my judgment, be comforted thereby, without postponing or jeoparding, if not enhancing, recovery." This comforting power is the real power of alcohol, and the very power that makes it so dangerous, as well as the explanation of its great appreciation by man all through the ages.

The writings of Sir Benjamin Ward Richardson, in England, and Dr. N. S. Davis, Sr., in this country, ought to be sufficient alone, if well known, to cause every free prescriber of aclohol to pause and inquire whether he is an injury or a benefit to his patient. How often are our dearest memories of home and mother sorely shocked by what we are compelled to witness in the homes of the drinking poor. The bleared eyes, the soddence, the red nose of the alcoholized woman, surrounded by dirty, unkempt children, is the most sickening sight that I meet. It seems sacrilege to call these women mothers or these places homes. Many of these women will tell you, if you go to the trouble of getting their stories, that they began their habit by taking beer to increase their milk supply. Hard work, poor surroundings, frequent maternities are excessively wearing upon the lives of the poor, who have so few intervals of relaxation or recuperation. Many of them become both physically and mentally unfitted for their severe manual labor, to say nothing of total disqualification for that highest and most responsible duty of woman, motherhood! It is, as all know, the exception for these women to rear all-round, well-developed, successful children; thus these beer-drinking mothers become a real menace to the State.

In the chronic condition of tire and ennui of these women, nothing so completely, quickly and delightfully removes all their ills as just the proper dose of an alcoholic. The headaches, and the backaches, the exhaustion, and all the heavy load of their overwhelming environments, that so depress them melt away as snow before the morning sun. The temporary relief is about as certain as if you should give the proper dose of morphine, immeasurably more pleasant and scarcely less dangerous in these women. Gentlemen before advising this seductive comforter to this very susceptible class, pause and take reckoning consider your responsibility, and do not let any personal relation to this question be a means of your damaging those who put their trust in you.

There is one phase in the evolution of the alcohol question which will never be repeated, the prosecution of a physician for negligence or homicide in a fatal case of pneumonia, where the physician did not give alcoholics during the progress of the disease. This question was settled for all time by the

decision in the case in which Dr. Hirschfeld, of Madgburg, Germany, was defendant. In this case Professor Binz, of Bonn; Prof. Struempel, of Erlangen; Prof. Harnack, of Halle with the Medical Council of Saxony, consisting of five physicians, made statements that were summarized as follows: "The idea that alcohol gives strength is deceptive; while any other form of alcohol may produce an apparent form of stimulation, there is always a reaction in a profoundly marked diminution of energy. The special action of alcohol on the brain and spinal cord is no longer a theory, but a fact which can be measured and proven. We are confident that experience will fully sustain our belief that no single human life which would have fallen a prey to death without aclohol has ever been saved by alcohol." Gentlemen, this was over twenty years ago.

H. C. Wood long ago said that "perhaps many of the deaths which have been set down as due to chloroform and ether have been produced by the alcohol which was given for the relief of the patient." I believe that most of the teachers call attention to this danger, but if you will visit most of the operations performed in this city you will find whisky on the side-table and should the patient get into a dangerous stage of anesthesia I fear he would run great risk of getting a few hypodermics of it.

Dr. Wood also calls attention to the danger of giving alcohol in shock where it used to be the "sheet anchor." Dr. Wood said: "It is of no use—indeed I am perfectly sure that a good dose of alcohol in a case of profound shock puts a nail in the coffin of the patient."

I am glad that Cincinnati has the honor of claiming one of the poineers in correcting the mistaken ideas in regard to alcohol. In 1835 Dr. Reuben Mussey with Dr. Harvey Lindsley wrote a prize essay on alcohol in which occurs this sentence, at that time almost revolutionary: "I have no hesitancy in asserting that there is no state of the system, however exhausted or enfeebled; no species of malady, however obstinate or unyielding; no case of disease, however dangerous or appalling in which a substitute, perfectly equal to alcohol in all the exigencies of the case, may be found."

Dr. N. S. Davis and his son, Dr. N. S. Davis, Jr., have reported 1,000 cases of typhoid fever treated in Mercy Hospital, Chicago, without alcohol, with a mortality of 5 per cent, while the statistics from other hospitals in this country at the same time ranged from 15 to 25 per cent.

Dr. J. H. Kellogg and colleagues have treated during the last twenty years, 333 cases of typhoid fever without alcohol, with a mortality of 2.7 per cent, and during the same time 82 cases of pneumonia with a mortality 4.9 per cent.

Dr. Crothers, in looking over the reports of ten Eastern hospitals, found that the cost of alcoholics ranged from eleven to sixty-one cents per patient treated. It was certainly suggestive to find that the mortality was 8 per cent greater in the hospital using the sixty-one cents' worth.

I do not know who was first to recommend acetic acid as a menstruum in the preparation of medicinal extracts, but I do know that Prof. R. Mussey was an ardent advocate of acetic acid preparations. Since so reputable a firm as E. R. Squibb & Sons produce a full line of the acetic acid preparations, at about one-half the cost of the alcoholic, I would think it wise for us to use the acetic extracts if for no other than economic reasons.

Members of the Academy, if you wish to use alcoholics as a beverage, please remember that the more honorable, attractive and esteemed a moderate drinker may be, the more apt he is to lead young men into an indulgence that may prove their destruction. If you wish to use it as a food, do not forget that many as well qualified men as any in the profession agree with Prof. Hodge, of Clark University, whose extensive experiments forced him to the conclusion that "alcohol retards, perverts and is destructive, in either large or small doses, to normal cell growth and development." If you wish to use it as a diffusible stimulant and generator of force, in low forms of disease, remember that many high in the estimation of their brethren, whose honesty and ability are above question, and whose motives are irreproachable, declare that they have had better results without them.

Members of the Academy, in preparing this paper I have treated the subject in a frank and impolitic manner, setting forth my honest convictions without fear or favor, and I feel satisfied that I have produced enough evidence to convince any unprejudiced mind that total abstinence is the only attitude I can recommend to my son, who says he is going to study medicine, and also that alcohol as a medicine is at least of very doubtful efficacy and utility in the very conditions where it was formerly most prized by the medical profession.—Lancet-Clinic.

For membranous enteritis, an emulsion of castor oil and salol, continued for a considerable period, is often useful in this troublesome condition.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

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EDITORIAL

Expert Testimony.

APROPOS to a recently developed phase of the Patrick case an editorial appeared in the Post-Dispatch which is worthy of reproduction, as it emphasizes that the lay mind is coming to view this question in the same light as has been voiced by Dr. Gradwohl in these columns repeatedly. It also emphasizes the fact that even a great daily is not keeping itself informed on what is doing in our own Health Department along this line, and we take pleasure in reproducing with the editorial a letter to the paper from Chief Dispensary Physician Scherck, prompted by the editorial and dealing with local aspects of the subject, which should be the property of the general public, but especially of the medical profession.

The editor of the Post-Dispatch says:

"A petition signed by 3500 physicians has been forwarded to Gov. Higgins, of New York, in behalf of Alfred T. Patrick, the lawyer now under sentence of death for murder. Only four requests to sign were refused out of the thousands sent out.

"With the signatures came letters from 250 prominent physicians, in which 'a marked feature was the contempt expressed by many writers for expert testimony rendered for pay by one side or the other in criminal cases.'"

"The protest of the New York physicians against expert testimony for pay which has assumed the dimensions and character of a scandal should suggest to lawyers the expediency of a reform.

"The guilt or innocence of any particular defendant is not here in question. But it is remarkable that whenever one side offers an eminent expert as a witness the other is ready with one equally eminent and equally cocksure. The notion that such testimony is helpful to a jury is grotesque. The juryman is asked to choose between two conflicting infallibilities. As a matter of fact, he invokes a plague on both of them and decides the case as best he can on the other evidence produced.

"Justice must and ought to rely upon science, especially in criminal cases. It would be illogical and absurdly devoted to the good old ways to refuse to hear what science has to say. But science is one thing, the retained, well-feed scientist is another. The one enlightens, the other darkens and confuses.

"Expert testimony should be tendered in the interest of truth, not in the interest of prosecution or defense. If some means can be found by legislation to obtain good scientific expert testimony unbiased and unfeed, it will be a great advance. Cannot the State employ experts to investigate and report facts and deductions, charging the expense to the public treasury? That would tend to discredit paid-for testimony and enable the jury to get the benefit of real and honest rather than warped and partisan opinion."

Dr. Scherck's reply was as follows:

To the Editor of the Post-Dispatch:

An editorial under the caption "Expert Testimony," which appeared in your paper columns of September 21st, 1906, has suggested the idea that a communication from me to the effect that a distinct advance in the matter of expert testimony has been in operation in this city for more than a year, for which the Health Department of St. Louis can claim credit, and since the spirit which actuates the commission is in strict accordance with the ideas expressed in your very valuable editorial, I have deemed it of sufficient importance to request that you give this letter publicity.

There exists an informal Commission on Insanity to examine all cases of supposed insanity which occur among the criminal classes who are under arrest and charged with crime. The chief purposes underlying the organization of this commission were a cultivation of a better undertsanding of expert testimony in respect to mental questions in the Criminal Court of St. Louis; and second, the training of a group of experts in such questions for service in the courts and the collection of such data as afterwards might prove of value in respect to the problems that arise in the relation of the criminal to nervous and mental diseases.

The most common plea in extenuation of criminal acts of major importance is insanity, and to establish this defence it is the custom

for the defendant to hire such experts as the size of his purse and that of his friends will allow. In this way expert testimony becomes prejudiced, illogical and is not given upon the question at issue, but as a defense or prosecution argument. Nothing need be said at this point as to the quality of the expert testimony which such a method produces. It was for the above reasons that steps were taken and an organization completed which has been in successful operation for more than a year past, and which, during that time, has forwarded to the courts more than thirty opinions.

The commission as now organized is composed of three of the most prominent psychiatrists of our city. These gentlemen, actuated solely by a desire to elevate the standard of medical testimony, volunteered their services, upon the request of the writer, to assist him in determining the mental status of certain individuals charged with crime, when from their actions or upon the suggestion that such individuals were not mentally responsible for the acts for which they were charged.

It is obvious that the proper time to consider the question of mental responsibility is before the trial takes place, not at the trial where the defense of insanity becomes not a medical question, but in the nature an ex parte appeal to the jury.

It was agreed that the commission was to be at the service of the court—present their findings to the jury, or in any other way to assist the court to arrive at a just opinion in regard to the sanity or insanity of a person. It goes without saying that this body serves without compensation. As mentioned above, the commission as now constituted, which of course, has no legal status, consists of three neurologists together with the jail physician. The method of procedure is as follows:

Any prisoner in the jail before he is brought to trial, and in some cases before he is arraigned, in whom is found the slightest evidence of abnormality, is examined by the commission and a report of its findings is transmitted to the circuit attorney. Depending upon the report of the commission, the prisoner is tried for his crime or is brought into court and de lunatico inquirendo is instituted as a result of the opinion of the commission. Naturally, as it frequently occurs, in the event that the commission believe the prisoner to be sane the defense introduces it own experts. In such case, the court has the privilege to see the report of the commission, or its members are put upon the stand, in rebuttal of the testimony introduced by the experts for the defense.

The practical results of the commission's work has been entirely satisfactory. Encouragement has been given it by many of the criminal judges, the city attorney's office and others interested. It is of great satisfaction that I can state that in no single instance has a report of the commission been rejected by the jury in those cases in which the defense has refused to accept the opinion of the commission and have brought the case to trial, and attempted to prove a condition opposite to that of the report of the commission.

In a discussion of its method before one of the most advanced associations in mental conditions, it was conceded that this step was one of the most advanced that had been attempted in the United States.

As was said before, the commission has no legal standing as at present constituted, and can be dissolved at a moment's notice if the judge should see fit. The precarious existence of the commission has been the cause of some debate as to the possibility of passing a State law constituting such a commission of experts, and giving it the proper authority and standing. We are content at present to let the work it is doing effect in as large a way as possible the procedure in the courts in respect to the employment of expert testimony, and leave the solution of the permanency of such a commission to other hands.

In conclusion, it may be stated that the voluntary and unpaid service to the state of these experts has appealed to me as being in line with the larger view of the civic responsibility which physicians feel bound to share, and from which until of late there has been considerable shrinking. It is a part of a widespread movement which is tending to remove the isolation which the profession holds to the community in which it is a part, and for the elevation of expert testimony to the dignity where it belongs.

In the Realm of Specialism.—Should the general practitioner send his eye cases to the eye doctor, his ear cases to the ear doctor, his throat cases to the throat doctor, his chest cases to the chest doctor, his stomach cases to the stomach doctor, his rectal cases to the rectum doctor, his genito-urinary cases to the G. U. doctor, his skin cases to the skin doctor, his gynecological cases to the gynecological doctor, his X-ray cases to the X-ray doctor, etc., and had not married rich, who will pay the bills of the generous general practitioner?—E. S. McKee, in Lancet-Clinic.

HOSPITALS OF NEW ST. LOUIS.

St. Luke's Hospital, at Delmar Boulevard and Belt Ave., is conducted under the auspices of the Protestant Episcopal Church, Diocese of Missouri, by which it was organized in 1866. The present structure was completed April 23d, 1904, its cost, together with the ground and the Nurse's Home, having been $450,000. It is built to accommodate 110 patients, there being 50 private rooms and 60 ward beds. Its medical and surgical conduct is under a physician's staff, at the head of which is Dr. H. G. Mudd; its school for nurses is under the superintendency of Miss Ella Fligg.

The hospital has a small endowment from various sources, amounting to $75-000. The extent of charity is limited only by the capacity of the hospital and means

ST. LUKE'S HOSPITAL.

ST. LUKE'S NURSES HOME.

contributed for its support. For year ending April 30, 1906, 27 per cent of the total number of days of hospital care and treatment was given free of charge, which is about the percentage of previous years.

ASTHMA.—J. Madison Taylor (Monthly Cyclopedia of Practical Medicine) states that the manual treatment of asthma has proved of the greatest value in his hands. He regulates vasomotor action by alternating pressure on the erector spinal muscles, by means of the hand or by heat, cold, dry cups, electricity or specially devised machines. A sufferer from asthma should be taught in the intervals to forcefully expel all the residual air possible, to educate his diaphragm and external abdominal muscles. Gentle exercise for more than a half hour tends to equalize blood-pressure.

The Hospitals of New St. Louis.

A SHORT time since we heard a physician of this city bewailing the lack of modern hospitals in St. Louis, and his utterances drew our attention to the fact that during the last decade there has been as tremendous an improvement in local hospital equipment and facilities as in any one line of modern development. It is only the man who confines his attention to one institution and lives in his little circle who is blind to the fact. St. Louis has its full quota of hospitals, and they are in the main as finely housed and as well equipped as those of Eastern cities; the buildings of the City Hospital, St. Luke's, the Jewish, St. Anthony's, and the Deaconess' are among the most modern and are architecturally beautiful, being ornaments to our city; with such institutions the profession has never need to be apologetic about our hospitals.

It occurs to us that our readers will be interested in seeing what St. Louis has in the way of hospital buildings, and to this end we will from time to time devote a page to various of these institutions. We hope and believe that this feature will meet with the general approval of friends of the FORTNIGHTLY and of St. Louis.

Garbage Removal.

DISCUSSION of the reduction of garbage and its economic value has been so voluminous during the past decade that one would expect that an ideal system would be operative in every progressive city, it has effected great improvement in many localities. Without making a study of the subject it has been our privilege to observe in four of the larger Eastern cities and in Toronto during the past summer, and the trip has left us with the impression that a deplorable condition exists in St. Louis. With us the question is not so much what disposition is made of this refuse as when and how it shall be removed so that it shall not be a menace to the community. We have a system of alleys better than that of any other city that we know, and the whole matter of handling garbage should be easier here than in cities less favored in this respect, yet his majesty of the garbage cart does not like alleys except in more favored districts and refuse left there may be collected at his pleasure, but his dripping, stinking cart soon seeks the avenue and it is nothing unusual for such reeking wagons to make their way through the downtown streets at mid-day. If garbage is properly collected and conveyed the matter of receptacles used by individual householders is of minor importance, to insist on a certain receptacle and let the refuse lie therein until it is a decomposed mass and then carry it through the streets in a wagon which drips and spills considerable portions is little short of an outrage. It is our belief that we must have proper garbage removal; that this work must be done at night and with a sufficient force and such wagons as will insure prompt removal and cleanly handling. The disposition made of refuse after it has been properly removed is another question and one which concerns the householder but slightly. If it has value this should be turned to paying the expense of removal; it the question is largely one of destruction the twin genius of the one which has given us clear and healthful water should be devoted to the purpose.

We have had a hot summer, and one which has emphasized the defects of our system, another summer is coming, and it is to be hoped that a better condition will prevail in this department, and that New St. Louis will be able to point to her clean alleys as well as to her well paved streets, beautiful parks and pervading prosperity.

Scientific and Other Work of the St. Louis Medical Society.

AN interesting scientific program was the feature of the meeting of the St. Louis Medical Society, held at its hall on Saturday evening, September 29th. The paper of the evening was read by Dr. Rollin H. Barnes who considered Rectal Abscesses in their various Forms and Stages, emphasizing the importance of early diagnosis by the general practitioner, to whom these cases first come, and of prompt surgical treatment. He considered surgery with thorough drainage the only treatment, and thought patients should be generally educated by the physician to a realization that delay is especially conducive to unfortunate results, and to fistulas and other trying sequelae in troubles of this class. The discussion was exceedingly interesting, and brought out much which was important to the subject; Drs. Stauffer, Meisenbach, Hinchey, Funkhouser, Kirschner and Kieffer participating.

Drs. Dorsett, T. A. Hopkins and Meisenbach reported their impressions of the recent meeting of the British Medical Association held in Toronto; the reports were made with a thought of comparison with the work of our own American Medical Association, the gentlemen having attended both meetings,

and covered organization, scientific and social aspects. The strength of both was emphasized, there seeming to be room for criticism, but in minor points. The President, Dr. Homan, and Dr. Spooner also spoke on the subject.

The society accomplished considerable routine business; elected fourteen new members and entertained six nominations for membership, which were referred to its Election Committee.

The following were elected to membership:

George E. Cook, 1739 North Ninth
J. A. Fisher, 5924½ Easton
F. N. Gordon, 1542 Mississippi
M. F. Harmann, 3441 North Ninth
Julius B. Huber, 2752 Chippewa
W. H. Luedde, 27th and Washington
W. Hampton Nash, Commercial Building
Albert May, 1809 Morgan
R. W. O'Bannon, Missouri Trust Building
Charles F. Rotter, 1910 Arsenal
August H. Sante, 3141 Laclede
Lorenz Thumser, 2353 South Broadway
C. G. Wright, 2738 Dickson
William E. Wood, Century Building.

THE CZAR'S "HUMAN SIDE."—In the spring of 1899 Mrs. Amalia Küssner Coudert, an American miniature painter, was called to the Winter Palace to paint miniatures of the Czar and Czarina. There she saw much of the Russian royal family and its home life. Mrs. Coudert found the Empress a woman of rare beauty and grace of person and character. Of the Emperor she says: "In dwelling upon the Emperor's youthful appearance and gentle bearing, there is no thought of implying any lack of strength. There could hardly be a question of physical bravery in any royal case, since personal fearlessness is a part of royal training, if not inherent in royal blood. But no one could see this young Emperor of Russia, as I saw him then, without seeing spiritual force in his direct gaze and hearing moral courage in his sincere voice. To my excited imagination he appeared fully aware of the weight of his destiny, and to be bearing the awful burden with cheerful serenity, always looking at his great danger and without one waver of fear." Such an intimate view of so important a figure in the history of today cannot fail to be of unusual interest; and this view will be presented in an article in the October Century by Mrs. Coudert, under the title of "The Human Side of the Czar." There will also be reproductions of Mrs. Coudert's portraits of the Russian family.

THE REVIEWER'S TABLE

Books, Reprints, and Instruments for this department, should be sent to the Managing Editor, Century Building, St. Louis.

CHEMISTRY: GENERAL, MEDICAL AND PHARMACEUTICAL, INCLUDING THE CHEMISTRY OF THE U. S. PHARMACOPEIA. A Manual of the Science of Chemistry and its Application to Medicine and Pharmacy. By John Attfield, F.R.S., M.A., PH.D., F.C.S., etc., Professor of Practical hemistry to the Pharmaceutical Society of Great Britain, etc. New (19th) edition, specially revised by the author to accord with the New U. S Pharmacopeia, edited by Leonard Dobbin, Ph. D. F.I.C., etc., Lecturer on Chemistry in the University of Edinburgh, etc. 12mo 760 pages, illustrated Philadelphia and New York: Lea Brothers & Co., 1906. (Price, cloth, $2.50, net.)

It is always a pleasure to review a new edition of Attfield's Chemistry, for it is one of the few text-books on the subject which make it attractive even to those who have not a profound knowledge of chemistry. It was the guide of many of us in the college days, and has since been our counselor when chemical information was needed. The revision preparatory to the nineteenth edition was confided by the author to Mr. Leonard Dobbin, of the University of Edinburgh and examiner in Chemistry on the Board of Examiners for Scotland of the Pharmaceutical Society of Great Britain.

The work has been brought thoroughly up to date and to accord with the most recent pharmacopeias of the United States and of Great Britain. The original plan of the book has been strictly adhered to, as seventeen large editions in the United States and eighteen in Great Britain are an evidence of the approval of the professions of medicine and pharmacy in the two great English-speaking nations of the world.

The author's ideal has been to produce a Manual of Chemistry for medical and pharmaceutical students, one in which not only the science of chemistry is taught, but in which the chemistry of every substance having interest for the followers of medicine and pharmacy, at more or less length, and proportion to its importance and its position in relation to the leading principles of chemistry, is set forth with all attainable exactness. The long and continued popularity of the volume testifies to the author's success in this.

THE TRAINING OF THE NEGRO.—Dr. Robert Bennett Bean's paper in the September Century on "The Brain of the Negro" will be followed in the October issue by a discussion of "The Training of the Negro." It is Dr. Bean's belief that the negro needs restraint, moral and physical, and that, while the blacks must work out their own salvation with fear and trembling, to solve existing difficulties the attitude of the whites must be one of restraint and control, combined with humane interest, sympathetic and altruistic guidance, and a good example.

CORRESPONDENCE

BORIC ACID AND APPENDICITIS.

New York, September 28th, 1906.

Editor of the Medical Fortnightly:

I have perused numerous articles on the pure food question and the evil effects of coloring matter and preservatives on the human system, but not until recently, however, have I perused articles written by physicians who claim that boric acid and boron compounds, which are used quite extensively for preserving food, are the cause of appendicitis. If such statements were true, however, the English Nation would be wiped out of existence. They have consumed foods preserved with borax for decades, and if food preserved with boron compounds was dangerous to health, the entire medical fraternity would have learned of it years ago.

I have had a great deal of experience with boric acid and have always found it a soothing, cooling, healing sedative agent. The action of boric acid on the cuticle and mucous membrane is to allay inflammation, not to cause it. It is recognized as the most innocent antiseptic extant.

It is an antiseptic which never irritates nor inflames, and thus enables a natural healing process to take place without interruption. Its action on the organic tissues is seen by the blood. Concentrated boric acid mixed thoroughly with fresh blood only delays and cannot prevent coagulation.

In spite of all that has been said against boric acid, it is clear that its action on albuminous bodies has no analogy with any other acid except carbonic acid gas. It has been stated that weak or diseased kidneys could not eliminate boric acid. It is a fact, however, that it forms remedies of great value in kidney diseases. If the vermiform appendix were inflamed, boric acid would have a tendency to allay the inflammation instead of exciting it. Solutions of boric acid have been used in every cavity of the human system with beneficial instead of detrimental results.

That cases of appendicitis are more numerous now than they were years ago cannot be denied. Years ago, however, such cases were diagnosed differently. In the census of 1890 there are no records of any appendicitis cases. In 1900 there were 5111 cases.

There is no doubt that a few cases are caused by foreign bodies entering the appendix. Coprolites are found much more frequently, however, than foreign bodies.

Bryant, in his paper, published in the "Annals of Surgery," February, 1903, states, "I found in 124 cases, abnormal matter in 70 per cent of the males and 55 per cent of the females." Renvers, in the Deutsche Medicinsche Wochenschrift, 1891, found in 459 autopsies, 179 coprolites and about 16 foreign bodies.

We do not as yet understand the functions of the appendix. Without doubt almost every case of inflammation in the iliac region can be traced to a diseased appendix. Fecal matter is forced into the appendix, which is so constructed that it cannot drain itself which causes inflammation. The vermiform appendix being a weak organ, is unable to protect itself.

Constipation would have a tendency to interfere with the supply of blood by direct pressure on the single artery which supplies the blood.

A great many cases can, no doubt, be attributed to our bad habits of eating too much and masticating our food too little, which causes constipation, dyspepsia and general derangement of the functions. The hurrying, restless lives we lead certainly interferes with the normal working of our digestive organs.

I firmly believe that indigestion, constipation, diarrhea and other digestive disturbances are the prime factors which favor the development of appendicitis.

H. H. Langdon.

A WORD FROM OHIO.

Cleveland, Sept. 17, 1906.

Dear Dr. Hopkins: Please keep me on "the list." I have always enjoyed the "Medical Fortnightly," and regard it as one of the "live" journals of the country. Continued success and congratulations.

Wm. Thos. Cortlett.

The recent innovation of American magazines in the matter of deviating from the use of a set and often inartistic cover designs, and giving their readers an attractive exterior, together with a constantly improving interior, should meet with general commendation. The "Century" and "Scribner's" have been exceptionally happy in this, but we believe that the best design yet is that used by the "Century" for October. This number of the magazine need not have been dated, for its front cover says "October," and says it in a most beautiful and poetic form.

Large doses of stimulants depress by overstimulation—i.e., over-functional activity.

REPORTS ON PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

DERMATOLOGY.

ROBERT H. DAVIS, M. D.

Notes on the Treatment of Epithelioma by Means of Caustic Potash.—Van Harlingen (Jour. Cut. Dis. August, 1906) reports a series of fifty-five cases treated by this method. In the main, his results have been excellent. Milder caustics, such as nitrate of silver, or the weaker acids, have, for the most part, failed in effecting cures of morbid growths without relapses, and but litte more can be said of the selective caustics, such as pyrogallol. The most satisfactory of the destructive caustics, and the one, in his experience, giving the best results, is caustic potash. "It dissolves the horny layers of the skin, lays bare the diseased tissues, and while destroying everything indiscriminately can be accurately limited in its effects by one accustomed to its use." The pain is not too great for most people to endure. It need not be prolonged, and can be arrested at any moment by a neutralizing agent such as acetic acid. The only caustic which can be compared with it, is arsenic, and arsenical pastes are liable to give rise to severe and prolonged pain. The length of time for the wound resulting from the cauterization to cicatrize, he finds to vary between ten days and eight weeks. Four weeks was about the average. His conclusions are as follows: 1. In a certain number of cases, epitheliomata of the skin are best treated by means of caustic potash. 2. These cases comprise such as display small, well defined, pearly lesions, from one-half to one, or even two, centimeters in diameter, chiefly found upon the face and adjacent parts. 3. Larger lesions are best treated by the X-ray, but here caustic potash may be used to soften and dissolve the horny epithelium, and perhaps, in some cases, as an adjuvant. 4. In cases treated by caustic potash, the use of the X-ray does not appear to hasten the process of reparation, or to modify, in any marked degree, the cicatrix resulting from cauterization. (Many rayists have obtained sufficiently satisfactory results with X-ray, in the cases included under the second heading, to make them feel justified in, at least, using this agent first.—Ed.) In the discussion of this paper, Dr. Hartzell praises highly the combined use of caustic potash and pyrogallol. The method he followed was to first apply the caustic potash very superficially, remove it as soon as it began to cause pain, and then apply a 40 to 50 per cent plaster of pyrogallol. The action of the latter was very much accelerated by the use of the caustic potash first, and a slough resulted that looked like it had been cut out with a sharp punch. Stelwagon cautioned against its use on the side of the nose, as perforation was liable to result.

Pemphigus Vegetans.—Ravogli (Jour. Cut. Dis., July, 1906) cautions against the mistake of diagnosing this rare malady for syphilis, especially as both diseases are liable to attack the mouth or the genitals. In his case the disease began on the navel, thus confirming the opinion that pemphigus vegetans has its origin on or near the mucous membranes. The mucous membranes of the mouth were badly affected, but the appearances were complicated when first seen, by a severe stomatitis due to salivation from heroic treatment under a false diagnosis of syphilis. The eruption on the navel was followed very shortly by a similar outbreak on the genitals, then, on the fossa cruro-genitalis, the axillae, and between the toes. On account of the peripheral spreading of the cutaneous lesions, Köbner expressed the opinion of a possibility of an infection spreading from one bulla to another. The author, however, considers the infection to be of systemic origin The condition of the urine showed alterations in quantity and quality. The quantity of urine was constantly below normal, but increased during remissions. The reaction was constantly alkaline except towards the end. The specific gravity varied between 1010 and 1012, and a large amount of albumen and casts were present. The vegetations occurred, as usual, at an advanced stage of the disease, and on the folds of the skin subject to maceration. He does not agree with the opinion of some that pemphigus vegetans is a disease distinct from ordinary pemiphgus, but considers it only a variety of the latter affection. As to the claim that the lesions and blood findings in dermatitis herpetiformis and pemphigus vegetans are identical, he finds an eosin ophilia in the blood of patients suffering with dermatitis herpetiformis, but none in pemphigus vegetans. Clinically, the marked differences between the two diseases have been well pointed out by Brocq.

On Leprosy and Fish Eating.—Hansen (Scot. Med. and Surg. Jour., July, 1906) replies to Jonathan Hutchinson's recent publication on this subject. Hutchinson's argument falls under two heads: He maintains, (1) that fish is eaten everywhere where leprosy prevails; (2) that fish, per se, does not produce leprosy, but only badly cured fish which is more or less decomposed. With regard to the first contention, Hansen points

out that in certain parts of Eastern Norway, where there is no leprosy, the people prepare trout in a special way, allowing it to decompose somewhat before being salted, and thus to attain the very condition which according to Hutchinson, should cause leprosy. Hutchinson holds that the dried cod which is exported from Norway to Spain and Portugal is responsible for the leprosy in those countries. Hansen points out that the dried cod, so exported, is not decayed, and, also, that leprosy diminished in Norway while the population was still, to a large degree, using decayed fish as food. He refers also to certain statements, which he believes to be incorrect, for example, that the leprosy bacillus can be transformed into the tubercle bacillus, and that the lepra bacillus has not been demonstrated in the maculo-anesthetic lesions. "The weak point in the whole fish hypothesis, however, is that the bacillus has not been found in fish, so that the theory is without basis and altogether destitute of proof." He believes that contagion is the means of transmission, cites a series of cases which were explicable on this supposition, and draws attention to the great diminution of lepers in Norway since segregation was adopted (Per review in British Jour. Derm., Sept., 1906).

An Experimental Study of Some Cases of Urticaria.—Paramore (Brit. Jour. of Derm., July and August, 1906) gives the results of a series of cases treated with calcium chloride internally, the treatment being based on the earlier (1896) suggestion of A. E. Wright that the disease was of the nature of a serous hemorrhage associated with defective blood coagulability, and due to a diminution of the content of the blood in calcium salts. Though, in the cases examined, no large diminution in the lime content of the blood was observed, as compared with the presumed normal, yet, in three of the cases, an exaltation of blood coagulability brought about by the administration of calcium chloride 3i by the mouth, resulted in almost immediate recovery. In one case, a papular urticaria was converted into one consisting essentially of wheals, by the administration of a decalcifying agent, citric acid. In the same case, an urticaria of a wheal type was reconverted into one of a papular variety by the administration of calcium chloride. "Milk is known to be one of the chief sources of calcium in the food supply, large milk drinkers being possessed of a blood characterized by an abnormally large lime content associated with a proportionately accelerated coagulability. Parallel with this observation, it is found clinically that, in children, a papular urticaria is of frequent occurrence." The value of a milk diet in chronic urticaria has been mentioned by Stelwagon. The author considers its usefulness dependent "not only on the diminished strain that is imposed on the excretory functions of the kidney by the diminished ingestion of nitrogenous materials, hence enabling the organ to deal more completely with toxic and other waste products already present in the circulating blood, but also on the calcium element as a resultant of which an increased viscidity of the blood associated with an acceleration of the coagulability should obtain." The explanation of the value of antacid magnesia in all forms of urticaria lies in the fact that magnesium has a similar effect to calcium on the lime content of the blood. Moreover, in the event of calcium being poorly absorbed, or retained, by the individual, magnesium is found to have, for that individual, a correspondingly increased effect. In many people, the eating of sour fruit, unripe apples, etc., is followed by an urticarial outbreak, the acid in these substances acting as a decalcifying agent for the blood. Such a condition of the blood does not, however, in the majority of cases, mean urticaria. He considers that in the event of overloading the kidneys, if the particles thrown on the skin to be excreted be comparatively unirritating, such as a crystal of calcium oxalate, the serous exudation would be relatively small, and therefore no visible lesion or a papule at most would result. If the material to be excreted, on the other hand, is of a highly irritative (toxic) nature a wheal would result; also he finds that a large salt content of the blood predisposes to hemorrhage and "in a blood possessed of a large lime and salt content, if the lime content be reduced, the salt content will now be too large for efficient clot formation, and in consequence hemorrhage may be expected." An urticaria, the result of insect bites, stinging nettles, etc., is of course due to a local alteration in the tissues in the immediate neighborhood of the lesion, the outpouring of serum being due to the dose of irritative (toxic) substance that is introduced into the minute lymph spaces. The outpouring of serum dilutes the toxic substance, resolution can take place, and recovery occurs. Accordingly, he divides urticarias into three main groups: 1. Decalcification urticaria. 2. Urticarias due to an alteration of the salt content of the blood. 3. Inflammatory or toxic urticarias which may be either (a) general e. g., papular, or (b) local, e.g., due to nettles, insects, etc. As secondary factors, adjuvants, or perhaps, determining causes, acquired or inherited degeneration, or alteration in the skin, cutaneous vessels, or nervous mechanism, may, play a certain part.

OTOLOGY.

ALBERT F. KOETTER, M. D.

Toxic Action of Aspirin.— (J. D. Dockray, British Med. Jour).—A woman of fifty taking ten grains of aspirin every three hours for an attack of lumbago, noticed ringing in the ears, and later after she had taken about one hundred grains in all, had severe pain in right ear. After discontinuing the remedy and putting warm applications to the ear the pain disappeared, but the ear became totally deaf and showed serous discharge. After a few days the pain and discharge ceased; in fourteen days the hearing returned to normal. Author recommends in the beginning a dose of not exceeding seven and one-half grains.

Three Cases of Objective Ear Noises.—(G. S. Ryerson, Canadian Practitioner and Review, Toronto.)—Case I.—A child of two years, the examiner when placing his head against the left ear of the child heard a pronounced tone. The parents claimed that the noise is sometimes so loud as to be heard all over the room. Very likely we have to deal with a vascular murmur. Case II.—Young woman in placing stethescope against the ear and intermittent ticking sound is heard. Treatment of the existing mild middle ear catarrh caused the noise to disappear. Case II.—Man of fifty with hissing noises and ticking, the latter heard by the author when he placed his ear to the left ear of the patient. Intratympanic injection and massage brought relief. In cases two and three we have to deal very likely with movements in the tubes.

Disturbance of Circulation in the Labyrinth.—(Shambaugh, Archives of Otology.)—The disturbance of circulation may be limited to one or more terminal arteries without involving other parts of the labyrinth, so that such an isolated disturbance of circulation is not able to cause Meniere's symptom complex. So that for instance an embolus of the anterior vestibular artery may cause disturbances limited to the utricle and the horizontal and superior vertical semi-circular canal, rupture or embolus of posterior vestibular artery would cause disturbance limited to the posterior vertical semi-circular canal. In both cases there would be disturbance of equilibrium without involvement of the function of hearing. Embolus of the terminal arteries which supply the tip of the cochlea would cause deafness for the low tones exclusively; embolus or hemorrhage of one or the other of the arteries which run longitudinal to the lamina spiralis to the organ of Corti, there would be loss of hearing for certain parts of the scale.

Thiosinamin in Tinnitus Aurium.—(S. McCullagh, Medical News.)—This remedy was used with success in all ear affections accompanied by new formation of connective tissue. The action rests in a softening of the tissues causing a better influence of the usual method of treatment. Consqueently the usual mechanical measures must at the same time be adopted. The same results are reached, whether by internal or subcutaneous treatment. The more recent the case the more prompt the result. It also has a good affect on the vertigo. Attention must be paid to the counter-indication. On subjective noises the affect is better than any other remedy.

Operative Treatment of Tormenting Subjective Noises.—(W. Sohier Bryant, Jour. A.M.A.)—As with the trigeminus so also with the auditory nerve, the best results are obtained when the nerve is searched for in its intracranial course. The intralabyrinthian destruction of the nerve offers enormous technical difficulties, and is even then very often incomplete. Considering the dangers which the intracranial dividing bring with it, the operation should only then be proposed to the patient when all others means and remedies have failed. An existing suppuration must first be gotten rid of. The cases favorable for a division are those in which the air conduction is reduced but the bone conduction is still good. Noises of a deep tone and such with a changing tone height are favorable, whereas the noises of a high tone, musical noises, complete absence of bone conduction are counterindications. For in a case of total deafness and absence of bone conduction it is to be assumed that the noise is in a part of the auditory nerve more central than the cochlea, whereas we can assume in a case with good bone conduction that the cause of the noise lies peripherally from the cochlea. Author has performed sixty-five neurectomies of the acoustic nerve on the cadaver after the Carleton Flynt method. By using instruments constructed for this operation he had no difficulty in resecting the intra-arachnoidal part of the auditory nerve without injuring the facial nerve. Oftentimes he was successful in avoiding severe hemorrhage caused by injury to the cerebral veins.

Technique.—The best way leads through the middle cranial fossa. An inverted U-shaped skin periost flap is formed behind the posterior margin of the mastoid process and reaches about one and one-half inches upwards from the knee of the sinus, the pos-

terior margin of the flap lies about a one and one-half inches behind the anterior flap. To form an osteo-plastic flap is injudicious on account of the thickness of the bone, and because it is impossible to locate with certainty the sinus from without. The bone is removed to the front to the upper angle of the pyramid and below to the lateral sinus. The dura mater is incised by a U-shaped cut open anteriorly, the cerebrum lifted off carefully with a spatula and on the anterior surface of pyramid the eminentio arcuata is looked for, this serves as a good point of information. Then the tentorium longitudinal is incised for one and one-half inches parallel to margin of pyramid, but behind the latter to avoid the superior petros. sinus. Veins that usually run parallel to margin of pyramid are if possible to be avoided. Then the posterior incised margin is pushed back with a spatula, and the cerebellum with a spatula introduced is drawn back until the white nerve is shown in the back of the wound. It lies four to five cm. from the anterior angle of the wound, outward and posterior from the facial, it is picked up with a hook forceps, then pulled outward and forward. Then the facial is inspected to see if any remnants of the acoustics may be found on it, and removed in the same way. The main difficulty in the operation exists in avoiding the veins while dividing the tentorium. The discharge of liquor may be considerable even from a cadaver. A small drain from the stump of the acoustic leads through the outer angle of the incision in the tentorium, the anterior inferior angle of the dura incision and the anterior inferior angle of the skin flap. The tentorium need not be sewed, but dura, periosteum and skin are sewed with the exception of a small place for the drainage tube

The reports of the cases published to date justify the following conclusions: 1. Carefully chosen cases in which the nerve irritation is localized in the peripheral part of the acoustic indicate a good prognosis. 2. A technique which avoids a severe hemorrhage, bony splinters, the cerebrum and cerebellum compromised only in a minimum degree, lowers the danger of operation. 3. We are justified after conservative treatment of tormenting noises has failed, to propose the operation, providing the origin of the noise is in the peripheral portion of the nerve. 4. The dividing of the acoustic is then proper for the removal of noises, and also for the vertigo.

Professor Perkin's Discovery of Coal-Tar.—When certain varieties of bituminous coal are heated in a closed retort, three classes of substances are obtained: gas, for which purpose a coal was, for a time, so treated; coke, which has subsequently become important in the smelting of iron ores and tar, a complicated mixture, which for many years was a waste product. Studies of this tar showed the presence of many valuable substances, among them a limpid, water-like liquid, with a characteristic odor, which burns with a sooty flame, called "benzene," or benzol. This liquid, which contains carbon and hydrogen in equal atomic numbers, must not be confused with our ordinary "benzine" used for cleaning, which also contains these same chemical elements, but in different proportions, and is obtained primarily from American petroleum. When benzene is treated with concentrated nitric acid, a liquid named nitro-benzene is obtained. In turn, when hydrogen is generated in the nitro-benzene, it is changed into aniline, also a liquid. In fact, aniline is the benzene in which one hydrogen atom has been replaced by what is called a compound radical, namely, one nitrogen atom combined with two atoms of hydrogen. The reader is spared further technical discussion, but to illustrate to the uninitiated, a diagram is given to show the steps:

Benzene.	Nitro-benzene.	Aniline.
CN_6H_6	$C_6H_5:NO_2$	$C_6H_5:NH_2$

Perkins oxidized this aniline by heating it with the proper chemical and obtained his "mauve," which gave a beautiful fast color to silk and wool By elaboration of the method of application, cotton was also dyed, and thus in England was founded the coal-tar industry. This was followed quickly by the discovery of fuchsin in France and magenta in Germany.—From "The Coal-Tar Industry and Its Jubilee," by Charles Baskerville, in the American Monthly Review of Reviews for October.

The tenderness in appendicitis may not be (probably usually is not) just at McBurney's point. The base of the appendix is, however, usually at, or near, that point. The site of greatest tenderness is often over the tip of the appendix. A line drawn between that site and McBurney's point will many times represent the general direction in which the appendix is lying.

Calcium Sulphid for Cough.— French recommends (International Clinics) calcium sulphid one grain three or four times a day in the coughing of bronchiectasis, fetid bronchitis and the mixed infection of late tuberculosis. When the remedy is given an hour or so after meals, unpleasant eructations are avoided. The sputum is reduced in quantity as the pus-forming cocci diminish under this treatment.

MEDICAL MISCELLANY

THE WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.—At the annual meeting of this association, held at Salt Lake on September 1st and 2d, the election of officers resulted as follows: President, Dr. C. W. Oviatt, of Oshkosh, Wis.; vice-presidents, Dr. S. C. Baldwin, of Salt Lake, and Dr. Jabez N. Jackson, of Kansas City; secretary and treasurer, Dr. A. T. Mann, of Minneapolis. St. Louis was named for the next place of meeting.

THE DELAWARE ANTITUBERCULOSIS SOCIETY, which was incorporated recently, will build a sanatorium and dispensary for the tuberculous near Newcastle, on a plot of ground of several acres, given by a member of the Du Pont family. Patients will be cared for in tents until the buildings are completed. The establishment will be constructed along the same lines as those followed at White Haven, and recommended by Dr. Lawrence F. Flick, of Philadelphia. Dr. John J. Black is at the head of the movement, in which many prominent citizens of the State are interested.

A MUNIFICENT BEQUEST TO THE LLOYD LIBRARY OF CINCINNATI.— It is announced that by the will of the late Surgeon General James P. Walker, of England, the Lloyd Library receives the sum of $30,000 and the entire library owned by the distinguished surgeon. The collection of books and manuscripts is known to scientists as one of the most valuable private collections. The Lloyd Library, which is free to the public, and is devoted to botany, pharmacy, materia medica, and allied sciences, was founded by Mr. John Uri Lloyd and Mr. Curtis Gates Lloyd.

SUBINVOLUTION OF THE UTERUS: HOW IS IT BEST PREVENTED?—Dr. Joseph B. De Lee advises the following to prevent subinvolution of the uterus: 1. Avoid sepsis; conduct the labor with the same aseptic and antiseptic precautions that one uses in laparotomies. 2. Leave the cases to nature as much as possible. Avoid practices to shorten the life of normal labors. 3. Avoid lacerations of the cervix. Repair them if deep or if they bleed. Repair the torn perineum accurately. 4. Leave the uterus empty of clots, membrane, and placenta; therefore conduct the third stage of labor properly. 5. If the uterus does not decrease in size rapidly in the early puerperium, give ergot. 6. Don't allow the patient to lie on her back too long. 7. Build up an atonic general system. These are my means of prevention, and I have had only two cases of subinvolution in twelve years' practice.—Southern Medicine and Surgery.

FRENCH SCALE FOR AMERICAN CATHETERS.—At a meeting of the American Surgical Trade Association, held in Philadelphia, June, 1906, it was resolved after January 1, 1907, the trade adopt the French scale for all catheters, bougies and sounds. A committee was appointed for the purpose of getting up a proper and accurate French scale card, and the same will be mailed to physicians. Every physician will see the importance of this step, as they are all acquainted with the annoyance of having catheters, bougies and sounds, and other instruments marked in American, English or French numbers. They are requested from above date to use only the French scale in ordering such goods, and when no scale is specified orders will be filled by the French scale.

THE FLOATING HOSPITAL OF ST. JOHN'S GUILD.—According to the Brooklyn Daily Eagle for September 2d, St. John's Guild has had one of the heaviest seasons in its history, not only on account of the large number of mothers with babies and children who have come to its floating and seaside hospital for treatment, but because of the unusual number of critically sick cases. To meet the need for this service, which still exists, it has been decided to keep both hospitals in operation for a longer period than usual. The floating hospital will continue its daily trips until September 8, the Saturday before the public schools open. The seaside hospital at New Dorp, Staten Island, will keep open indefinitely, or as long as there are funds to continue its work. Thus far the floating hospital has carried over 36,000 women and children and the seaside hospital has admitted over 2,500 patients, for an average stay of ten days.

A NEW METHOD OF LIBELING.—The Post-Graduate comments on a new form of libeling recently reported from London, as follows: "A woman named her illegitimate offspring for the doctor who took care of her, and it was two years or more before he was able to get the matter straightened out with a written statement from the woman herself and her mother. We speak of this because it was not uncommon in years gone by in the maternity hospitals here for mothers of fatherless children to name their offspring (according to the sex) for either the nurse or the doctor who happened to take care of them, and we suspect that some of the physicians, after they have gotten along in life and have entirely forgotten the compliment paid them in their hospital service, will wonder where their namesakes came from. We have never heard of any misuse having been made of what was thought to be a compliment to the skill, care and tenderness of the attendants."

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scientific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph post-office as second-class matter.

The Medical Fortnightly will not be discontinued at expiration of ubscription, as many of our readers prefer not to have their files broken on account of failure to remit. Unless we receive a distinct request to discontinue, and payment for all arrearages, this magazine will not be discontinued.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

FAVORITE PRESCRIPTIONS

UTERINE HEMORRHAGE.—Dr. Curran Pope recommends the following case of uterine hemorrhage or excessive menstruation:

℞ Fluidext. ergotae.....
Fluidext. hydrastis.....
Fluidext. hamamelidis..aa ℥j

M. Sig.: Teaspoonful every three to four hours.

STAINING IN GONOCOCCI.— Leszcynski, in the Pharmaceutische Centralblatt, communicates his method of double staining gonococcus as follows:

Distribute the gonorrheal matter in the usual manner on the cover-glass, fix it by desiccation, then plunge the glass in a solution of theonine, made as follows:

Saturated aqueous solution of theonine	10 ccm.
Distilled water	88 ccm.
Carbolic acid, liquid	2 ccm.

Mix.

Let the glass remain in the solution for one minute, remove, wash in plenty of water, then put it for one minute in a solution of picric acid, made as follows:

Saturated aqueous solution of picric acid	50 ccm.
Aqueous solution of caustic potash, 1:1000	50 ccm.

Remove the glass from the picric acid solution and without washing it, immerse for five seconds in absolute alcohol. Remove from the alcohol, wash, dry and mount in balsam. The globules and protoplasmic cellules will be colored yellow, the nuclei in red violet, while the gonococci are stained deep black.

GONORRHEA.—Robinson (Am. Jour. Clin. Med., September, 1906) advocates the use of one of the following astringent injections after the disappearance of the gonococci:

1. Zinc sulphat..... gr. viij
   Aq. dest..... ℥iv
   Inject three or four times daily.
2. Zinc sulphat..... gr. viij
   Plumbi acetatis..... gr. viij
   Aq. dest..... ℥iv
   Inject three or four times daily.
3. Zinc sulphate .....
   Plumbi acetatis.....aa gr. viij
   Tr. opii..... ℥i
   Tr. catechu..... ℥ij
   Aq. dest. ad..... ℥iv
   Employ as above.
4. Zinc sulphat..... gr. iv-viij
   Bismuthi subcarbonat... ℥iij
   Bismuthi subgallat..... ℥i
   Hydrastis aquos..... ℥i
   Pulv. acaceae..... ℥iss
   Aq. dest. ad..... ℥iv
   M. Ft. mist.
   Keep bottle of last flat and shake before using.

CATARRHAL CONJUNCTIVITIS.—As an antiseptic lotion the following:

℞ Hydrargyri cyanidi..... gr. ii
Aquae..... Oi

M. Sig.: To be used as an eye lotion, alternating with the following combination:

℞ Zinci sulphatis..... gr. v
Aquae..... ℥ iiss

M. Sig.: To be instilled into the eye once daily.

When the conjunctivitis is purulent and due to the gonococcus a solution of silver nitrate should be employed locally:

℞ Argenti nitratis..... gr. v
Aquae..... ℥ iiss

M. Ft. lotio. Sig.: To be applied locally to the conjunctive, and followed immediately by a saline solution as follows:

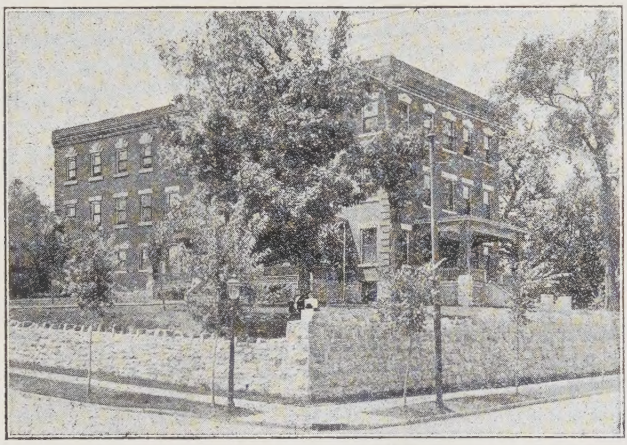
℞ Natrii chloridi..... gr. xxx
Aquae..... ℥ iiss

M. Sig.: Apply locally to the conjunctive to counteract the effect of the silver nitrate solution.—Med. News.

To sterilize milk, support the bottles containing the milk in a vessel of water. When the water reaches 167 degrees F. draw the vessel to a cool part of the stove and let it remain for twenty minutes, tnen remove the bottles and keep in a cool place.

MEDICAL MEMORANDA.

DR. BURNETT'S NEW SANITARIUM.—It is extremely gratifying to us to note the completion of the addition to Dr. Burnett's private home for nervous diseases in Kansas City, an institution that stands as a tribute to the scientific ability and energy of its founder. Dr. Burnett's many professional friends in the Missouri Valley are fully appreciative of his conscientious zeal and painstaking care in the line which he has chosen as his life work. This illustration shows the sanitarium as it appears with the new $10,000 addition. This gives this beautiful home a capacity of 52 beds, and providing separate departments for the mental, nervous and inebriate classes, with absolutely no communication between male and female apartments. It is built of pressed brick with stone trimmings and has 13,330 square feet of beautifully polished floors. All interior finish is natural wood and every room is an outside room. Elegance and home comforts, free from hospital atmosphere, has been the aim in its construction. The situation is high above the street, among the trees, occupying a whole block frontage



excepting 85 feet, being free from the dust and street disturbance, still enjoying all city comforts. A half block to the south is the beautiful Linwood Boulevard. There are six well appointed water bath departments for cleansing and therapeutic uses. On each floor is a 1600 candle power electric light bath for treating drug and alcohol cases; they are luxuries, joys, and utilities unequaled by any other facility in treating these cases. A therapeutic electric room is fitted with the perfect machinery of Van Houten and Ten Broeck of New York for classical work. Electric lights, hot and cold water and hot water heating plant are used. Dr. Burnett was trained in Neurology under the late Prof. Landon Carter Gray of New York. He has spent twenty-one years in his work and $50,000 in the building and equipment of his sanitarium, showing how futile and unscientific are the many attempted shortcuts to success in so difficult a specialty. Dr. Burnett is the pioneer teacher of Western Neurology and filled the first chair of Mental and Nervous Diseases, established in Kansas City in the old Kansas City Medical College, now united with the University of Kansas. We not only have access to Dr. Burnett's talents, but he has spent a small fortune in making his services more applicable to our needs, a guarantee of his good faith and good work. Dr. Burnett is an ex-president of the Medical Society of the Missouri Valley.

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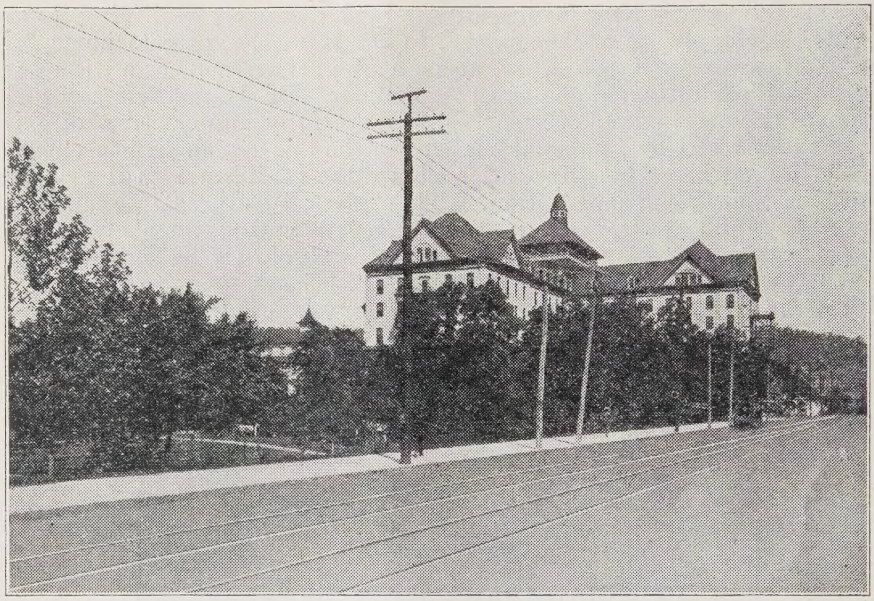

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